



HEALING AND TRANSFORMATION

Homeopathic care through
the seven stages of healing

“Being willing to stay in the presence of death, one’s own death, while we journey with our cancer patients, keeps the mind focused on the important parts of the journey ahead. It is the ultimate companion and one that keeps everything else in proportion.”

DECLAN HAMMOND



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SUMMARY: The focus of this contribution is the care of cancer patients, which requires a high degree of flexibility, both in homeopathic and human terms, and must always be adapted to the stage in which patients currently find themselves. Together with the basic principles of homeopathic cancer treatment, the article discusses the co-operation of allopathy with complementary lifestyle measures, as well as common support measures of a psychological and spiritual nature. A case using homeopathy as sole treatment beautifully illustrated the author's recommendations.

KEY CONCEPTS: cancer, chemotherapy, lifestyle, personality, radiotherapy, stages of dying, treatment protocol

The statistics are shocking: one in three people in Europe and the USA will get cancer during their lifetimes; one in four will die from it. Very few families will be untouched by it.

The very word itself conjures up all the deep fears and taboos that most of us spend our lives trying to avoid – suffering, disfigurement, loss, social isolation, death. So great is the taboo that often the word itself is replaced by euphemisms such as “the big C.”¹

Any practitioner working in this area needs to be aware of all the complex medical and treatment issues related to this topic. However, patients often find themselves becoming “victims” of cancer, struck down randomly by an incurable disease, probably ending in death. To help transform this disempowered mindset into an opportunity for health, healing, and transformation with the patient's active participation in the process requires a deep appreciation of the challenges involved. The patients, their families, and medical practitioners alike will be sorely tested and invited to face the “shadow” of cancer and indeed their own personal shadows in this process.

Most of the homeopathic literature on this subject does not address these unique challenges, generally merely providing lists of remedies

¹ The incidence of cancer has increased in absolute terms. The main reasons are said to be the increase in population and a global trend towards longer lifespans, as well as vastly increased environmental toxins. Yet, more than half of all patients can reckon on sustained recovery, although the prognosis depends on the type of tumor. Sources: Deutsches Krebsforschungszentrum / www.krebsinformationsdienst.de / WHO / Spiegel online health

for the different cancers. My years of homeopathic practice teach me again and again that we need to do more than just provide our patients with remedies. Being willing to “be homeopathic” to our patients, to journey consciously with them to their healing and higher purpose, offers healing for all, patients and practitioners alike.

A WORD ABOUT DEATH

The first thought that comes to every patient I've spoken to on receiving a cancer diagnosis is Death. Regardless of the prognosis given, or how unlikely this outcome might be medically, as soon as the word “cancer” is mentioned, the patient's mind turns to their own mortality. As a culture we have pushed this topic away, avoided it at all costs, hidden it from sight, made it the ultimate taboo. And now, it is present ...

The willingness to stay in the presence of death, one's own death, while we journey with our cancer patients, keeps the mind focused on the important parts of the journey ahead. It is the ultimate companion and one that keeps everything else in proportion.

PERSONALITY CHARACTERISTICS OF THE PATIENTS

“Nice” people, carers; great sensitivity; unlived life; deep hurt, resentment; excessive fears; GUILT; inability to cope with change; self-hatred; poor self-image; loss of own identity; out of balance with self; disturbed/abusive childhood; withdrawal; family history of cancer

Mary, a 40 year old patient, presenting with breast cancer, when asked to describe herself responded: “I am whatever you want me to be.” Confused by her answer, I asked her to elaborate. She continued: “My boss likes me to be hard working and punctual, so I am. My boyfriend likes me to be loving and sexy, that's what he gets. My son likes me to be always there for him when he gets home, and I am. That's who I am.”

While it is often dangerous to generalize about illness, all the patients I have seen presenting with cancer have been “nice”, sensitive, caring people. While not all would describe themselves in such stark terms as Mary, her sensitivity to others' needs is common to all the cancer sufferers I have dealt with. The above list of patient characteristics covers the general personality themes I have found among patients journeying with cancer.

Just as a cancer cell has lost its sense of “self”, so too have my patients lost their sense of self; their lives unlived, as they spend their lives caring for others and oppressed by life's challenges. Supporting them in their journey back to self, to empowerment and healing is one of my greatest professional pleasures.

“A particular personality configuration, characterized by denial and repression as well as by strong internalized control and commitment to social norms, increases the risk of cancer development.”

Psychosomatics, 1980:21:975-80

SEVEN STAGES OF HEALING

In her seminal book *On Death and Dying*, Dr Elisabeth Kübler-Ross MD described the five stages dying patients go through: *denial; anger; bargaining; depression* and finally, *acceptance*. This has been adapted and used by many therapists while supporting their patients through intense challenges, and has recently been extended by healer and medical intuitive Barbara Ann Brennan, in her book *Light Emerging*, to include two further stages: *rebirth and new life*.

I have found the seven stages of healing model invaluable in understanding my patients and an essential tool to “normalize” their journeys through cancer. They are often bewildered or overwhelmed by the enormity of the challenges they face but when they have a context for these, the journey becomes much more manageable. This model can provide a context and understanding for patients' families who become confused by their loved ones changeable behavior and hurt by their outbursts or withdrawals.

While each patient does not necessarily go through these stages chronologically, it is vital that they have the opportunity to experience each stage fully, with all the emotions involved, if they are to arrive at a place of deep healing. Pressure from family, medical practitioners or over-prescribing of remedies to “move them on”, before they are ready, can be detrimental and often suppressive in its effect. Patients may not need remedies specifically for each of these stages but this model can provide a road map for deeper understanding of the patient's journey.

STAGE 1: DENIAL

of the diagnosis; of death; ignores the diagnosis; belittles the diagnosis; changes practitioner; craves reassurance; starts behaving excessively; goes into withdrawal

This stage can be very frustrating for both practitioner and family alike as the patient appears not to be taking “seriously” what is going on. The patient, in denial, often evokes impatience and anxiety in those around them, as they appear not to be taking in the cancer diagnosis and its implications. It is important to understand that the enormity of the challenges ahead need time to sink in and that denial is simply the psyche's way of “buying time”. Watch carefully during this time and give the patient space. Remedies are not normally needed here unless the patient remains “stuck” in this state. At some point, comments such as: “I guess I'll need to start dealing with this ...” indicate that the patient is ready to move deeper.

“I can't understand why my doctors and family are making such a big fuss about all of this, it's likely nothing to be worried about.”

Marie, after diagnosis of Stage 3 breast cancer

STAGE 2: ANGER

at God; at the family/partner; at the environment; at the practitioner; at the treatment received; at the cancer; at self = blame It's someone else's fault... It is very painful to be on the receiving end of the patient's anger, especially if you are a family member, full of anxiety and concern for your loved one, only to be told that you are the reason for the cancer. When long-time patient Mary was diagnosed with lung cancer, I, as her homeopathic practitioner, was to blame: “If your remedies and prescribing were any good, why am I so sick now?” Ouch!

The patient is angry at being in such a state, feels helpless, out of control, and needs to hit out, to blame. Like most displays of anger, it is an expression of impotence and pain at the present circumstances. Do not take this personally. If enough space and understanding is given, the patient will realize that the anger is misplaced and attention can be given to the underlying, previously unexpressed, feelings. Again, prescribing for this state is only required when the patient remains “stuck” in their anger and is unable to move on.

“I wouldn't be in this state if it wasn't for him (husband). If only he'd done his share and was around the house more to help.”

Jean, diagnosed with acute myeloid leukaemia

STAGE 3: BARGAINING

unexpressed; secret deals; lifestyle; “bad” habits; “should” have done

This phase is usually a private one, often only hinted at by the patient; a child-like response to the difficult circumstances they are facing; one which generally passes quickly as the patient realizes the futility of these “deals”.

“If God spares me this time, I will spend all my time at home, taking care of my wife and family.”

John, after prostate cancer diagnosis

STAGE 4: DEPRESSION

sense of loss; breakdown of beliefs; feeling separate; fear for family welfare; fear for future; financial worries; loss of control over life; overwhelming pain; effects of allopathic treatment; mourning period



"Jacob's ladder (Hebrew: Sulam Yaakov) is a ladder to heaven that the biblical patriarch Jacob dreams about during his flight from his brother Esau. It is described in the Book of Genesis (Wikipedia). 'Ladder' is not the only possible translation, although it has prevailed in Western culture. The Hebrew word can also mean stairs, staircase, or ramp. Jacob's Ladder is a metaphor for a person's ascent to God.

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This is a painful time, challenging for all involved. The patient realizes that the journey is serious, that there is potentially so much at stake. This needs time to be absorbed and digested, frequently requires some deep introspection, and a period of withdrawal to consider the true implications of where the patient is at. It is a time of grief, of loss, and like in all such times, there is a need for space and understanding from family and medical practitioners. It is hard to witness and often evokes strong feelings of helplessness and hopelessness in family members. A practitioner's job here is mostly to "hold the space", prescribing only when the patient cannot move through this difficult phase.

*"What's the point? Nothing has worked for me.
I'm just wasting my time doing all this healing and diets.
Nothing ever works for me anyhow."*

Brian, during treatment for secondary liver cancer

STAGE 5: ACCEPTANCE

pressure is off/war is over; letting go; listening to inner voice; state of tranquility; withdrawal from old life; "meaning" for illness; choice for life/death; creates harmony; deepens love; support networks developed

One of my patients, Helen, described this phase in her healing as "a state of grace". When given the time and space to explore all the previous stages, she found herself understanding her life in a new way. "The war is over," she said.

This is the place where I have seen miracles of healing, where so-called "spontaneous remissions" take place; cancers disappear and the long journey finally starts to make sense. In my experience, all real healing begins in acceptance. Yet, family and friends are often challenged by their loved one's withdrawal from the old toxic patterns ...

It is also the time when patients may decide that their healing is complete and they no longer need treatment. This needs careful negotiation. I have found that, unless the new insights have taken root and major lifestyle changes have been implemented, eventually old patterns reemerge and cancer will often return. We need to do more than help patients free themselves from cancer; we need to help them change their underlying susceptibility to cancer.

*"Whatever happens now is in God's hands.
I am OK, wherever this goes; I feel loved and cared for,
and ready for what's next."*

Bridget, after radical mastectomy

STAGE 6: REBIRTH

new light emerging; meeting self again; uncover personality; re-experience past; re-writing own history; new context for life
With acceptance and healing comes a rebirth, a time for patients to meet themselves in a new way. This typically requires time and often periods of solitude in order to get to know the parts of themselves

that have been recovered. Everything is experienced from a new context; the possibility for change presents itself. Friends and family often become alarmed. "What's happened to the person we've known and loved?" But that person has gone and is transformed beyond the narrow identity they once knew.

*"My life now is like a video that I am constantly editing,
reviewing, seeing differently.
I used to be the victim in this movie, now I'm the hero."*

James, after recovery from prostate cancer

STAGE 7: NEW LIFE

life opens up; new opportunities present themselves; living authentically; attracting new friends; change job/relationship; re-discovering sexuality; expressing creativity; life as joy

All areas of life start to open up here. As the patient starts living in a more authentic way, synchronicity abounds; opportunities and new relationships, conducive to a healthier and more abundant life present themselves. These are all signs that the healing process has truly been completed.

TREATMENT PROTOCOL

Define and agree goals with patient: what does the patient actually need? Many patients come to me for remedies to deal with the side effects of chemotherapy or radiotherapy; some come looking for remedies to take alongside their conventional treatment, and others again to explore alternatives to the medical model. Initial clarity about what the patient requires and agreement about the goals of treatment will save much confusion later in the healing journey. Being willing to re-define these agreements as the goals are met (side-effects dealt with, etc.) helps deepen the patient's commitment to the healing process.

Flexible prescribing: being willing to stay flexible in my prescribing and approach is crucial to how I prescribe.

Patient determines philosophy/methodology: rather than having a methodology for my patients, I like to consider all the methodologies currently available as potentially useful. Ultimately, however, the patients' symptoms, energy levels, and state of body/mind will determine which methodology I use, rather than the other way around.

Often layers prescribing: often treatment begins at the organ level. I will frequently use "organ" remedies, in low potencies (3X/6X), either alone or alongside other remedies, to start the case. As it progresses to other layers, larger remedies, often polycrests will be used.

Prescribe on pathology, where necessary: sometimes, in advanced cases, all there is to prescribe on is the actual pathology, all individualized symptoms of the patient are gone (see "Why Cancer is Incurable by Homeopathy," JT Kent, Lesser Writings). In these cases, prescribing remedies, often in low potency to cover the pathology, will slowly bring back sufficient vitality to enable prescribing of deeper-acting remedies.



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“Small” remedies: many of the remedies traditionally used in cancer treatment are buried deep in Boericke or Clarke’s materia medica, often with few symptoms other than their clinical uses. These are invaluable and deserve in-depth provings and wider use.

Miasmatic: cancer is a deeply miasmatic disease, with its roots in the patient’s ancestral lineage. This needs to be addressed by frequent and appropriate use of the indicated nosodes.

Tautopathic remedies: often treatment with steroids, chemotherapy or radiotherapy leaves the patient in a weakened state of health. This can be often be cleared quickest by prescribing potentized doses of these agents as intercurrent remedies.

Use any remedy, at any time, in any potency, as the patient requires.

ON TREATING CANCER

“The running after a remedy for any disease of a complex nature is simple ignorance of fundamental principles and bars the road of progress. Cancer is a chain of links and each kind has links of a different nature and each link is a biological process. And you are going to alter all that with “a” remedy? It is absolutely unthinkable and has no parallel in physio-biological phenomena. You may as well ... live in the hope of some day being able to win a long and very difficult game of chess by making ‘one’ move all by itself.”

James Compton Burnett

Remedies alone are not enough: working with allopathy

Most of the patients who present in my practice with cancer do so with the intention of also working with their medical oncologists. They will likely be receiving one or more allopathic interventions, each with its own range of side effects. I see these as acute “diseases” and treat them according to the patient’s individual symptoms, prescribing for them, when required, alongside their primary remedies.

Surgery: this is the conventional treatment for most primary tumors, sometimes being used alone, but often with other treatments. Almost always suppressive, it brings with it the risks of infection, haemorrhage, and shock. The following are my most trusted allies post surgery: Arnica montana, Calendula, Phosphorus, Staphisagria, Echinacea purpurea, high-dose probiotics.

Chemotherapy: routinely used by about half of my cancer patients, these cause toxic side-effects, such as mouth ulcers, nausea, vomiting, and diarrhea. These typically worsen with the length of the treatment and the quantity of drugs used (frequently several are used in combination). Other symptoms that often need attention include tiredness, weakness, hair loss, thrush, and suppressed immunity. As required, I use the following: Ganoderma reishi mushroom (also potentized); Flor-Essence herbal tea mix; Nux vomica; China officinalis; Cadmium sulphuricum; Echinacea purpurea; Folic acid (hair loss).

Radiotherapy: sometimes used alone but often as an adjunct to surgery and chemotherapy, this causes a wide range of symptoms, local and systemic, including malaise, fatigue, nausea, vomiting, anorexia, skin burns, mouth and throat reactions, such as thrush. Most problematic for homeopaths, though, is that being an “energy” medicine, radiotherapy appears to damage the auric field and thus the patient’s ability to receive and respond to homeopathic remedies. I find that use of an appropriate radiation remedy after radiotherapy treatment is an essential first step. Remedies regularly used in my practice include: Radium bromatum; Ganoderma reishi mushroom (also potentized); Flor-Essence herbal tea mix; Nux vomica;

China officinalis; Cadmium sulphuricum; Phosphorus; Sol; Echinacea purpurea.

DIET AND LIFESTYLE GUIDES FOR CANCER

Much research has been done in the field of diet, lifestyle, and cancer. This is one area where the patient can actively get involved in their treatment. Although a huge topic in itself and beyond the scope of this article, there are typically three strands to this – avoiding toxins, detoxification, and flooding the body with high-grade, easily digestible nutrition. The following are the common themes in my practice:

Eating principles

- Short-length, supervised alkaline fasts
- Fresh whole-food, organically grown; alkaline diet
- Emphasis on vegetables, fruit, and grains

Therapeutic foods

- **Liver-cleansing foods:** beetroot, carrots, artichokes, lemons, parsnips, dandelion greens, watercress, burdock root; digestive enzymes; seaweeds; mushrooms: reishi, shitake, cordyceps, maitake; flax oil; whole grains – esp. brown rice; sprouted grains, seeds and pulses; apricot kernels

Fresh juices

- Wheatgrass, carrot, beetroot, green (kale, spinach, etc.)

Avoid

- Animal proteins, dairy, salty foods, fried/fatty foods, spicy foods, white sugar, nitrates, smoking, smoked foods, constipation, stress, alcohol, being overweight

Nutritional supplements

- Beta-carotene; vitamin B complex; vitamin C to bowel tolerance; vitamin D3; vitamin E; selenium; zinc; salvestrols

Toxic chemicals to avoid

- Pesticides; insecticides; chemical cleaning products; aluminum; parabens; phthalates

PHYSICAL EXERCISE

Exercise is another area where patients can actively participate in their healing. The benefits of physical exercise on both body and mind are well documented. For patients with cancer, it provides the “feel-good” factor that they often lack in their lives. Again, the keyword is homeopathic. Suggesting sessions in a gym or yoga classes to somebody with a total aversion to these activities will probably not be taken seriously. However, exploring which activity suits a particular individual, while considering their present level of health, will be more likely to create a more sustainable outcome.

Building up to at least half an hour exercise daily is optimum for body/mind health.

COUNSELING AND SPIRITUAL GUIDANCE

Jenny, journeying through colon cancer, said to me one day: “Thank God, I got cancer.” She reminded me, as many patients have done before and since, of the deep, spiritual invitation that cancer carries. Jenny had known for a long time that her life needed to change; her job “sucked”, her relationship was “toxic and abusive”, yet, she could not change these until she was diagnosed with cancer. Making changes of this magnitude requires courage, vision, and a lot of support.

Many of my patients benefit from the support of a suitably equipped counselor/guide in their journeys as they resolve past traumas, reclaim their lives, share their feelings (often for the first time), and break the long-standing isolation of their lives.

AFFIRMATIONS AND VISUALIZATION

Most of our upbringing and education in the West tends to focus on our shortcomings and emphasizes what we lack, what we could do better, how we could look better, how we could be happier, and so on. Self-image suffers hugely. If a young person has also inherited the cancer miasm, poor self image will be compounded to the point where, like my patient Mary above (Patient Characteristics), her sense of self comes entirely from others. Changing these limiting ideas and self-image is central to any deep healing.

Great work has been done in the field of cancer healing using affirmations and visualizations. Drs Carl Simonton and Bernie Siegel have written extensively about their work and this can be usefully offered as support to our patients. Positive self-images and statements affirming healing changes in present reality, not as aspirations, are used. Using homeopathic principles (utilizing language and images congruent with the patient’s own language and inner experience), these can be considerably enhanced.

MEDITATION AND MINDFULNESS PRACTICE

“Mindfulness is paying attention, on purpose, non-judgmentally, in the present moment, as if your life depended on it.”

Jon Kabat-Zinn

The quality of mindfulness can be developed through meditation practice focused on the breath, items from nature or spiritual icons to inspire a sense of timelessness, happiness, peace, perspective or wonder. A regular mindfulness practice can help increase a patient’s resilience and create a more conducive mental, emotional and spiritual internal landscape for healing, as well as providing relief from pain and anxiety (also an invaluable tool for practitioners).

The concept of mindfulness is often associated with Buddhism, such as the teachings of Thich Nhat Hanh or Jon Kabat-Zinn. However, there are secular courses in mindfulness, or mindfulness-based stress reduction available privately or through healthcare plans in many places.

FAMILY SUPPORT

Ensuring that family members have the support they need can often be the key to patients following treatment through to its conclusion. The family, partners, husbands and wives are the real primary carers and their support and contribution is vital. If this is lacking, or indeed if they are negative towards their loved ones receiving homeopathic treatment, many patients simply stop treatment.

Taking time to meet with patients’ family members at the start of treatment, to explain the treatment programme and especially the seven stages of healing, will pay huge dividends for all concerned as the treatment progresses.

PRACTITIONER SUPPORT AND SUPERVISION

Often forgotten but also essential is support for the practitioner. I have long been concerned at the high attrition rate in our profession. Over the last years, I have watched in dismay as many of my colleagues became “burnt out”, sometimes even finding themselves ill with cancer. Rewarding as this work undoubtedly is, we cannot do it alone. Isolation, over-caring for others, and lack of self-care are all part of the “shadow” of homeopathic practice. Taking time to ask and receive support from trusted, qualified professionals can literally be a matter of life and death.

POSITIVELY COPING WITH CANCER

Much research has been done in the field of psychoneuroimmunology (PNI) as to the traits common to patients who had the best outcomes when dealing with a cancer diagnosis, regardless of the original medical prognosis. The following are the results of this research. I have prepared a handout with this list for my cancer patients to use as reference.

*Acceptance of the diagnosis –
without believing that it is an automatic death sentence
Willingness to take responsibility for own healing
and make major life changes
Strong belief in their chosen form of healing
Passionate commitment to life
Sense of life meaning and purpose
Ability to identify and attain goals
Good, open and healing relationship with their
health-care practitioner(s)
Previous experience of meeting and overcoming life crisis
Meeting and talking with others with cancer
in supportive environment – giving and getting support
Being altruistically involved with other patients with cancer
Being assertive
Sensitivity to own needs*

CASE: Destruction at all levels – Lyn’s story

Lyn is a thirty-year-old woman with cervical cancer, whose cervix had been eaten away by the malignancy. She presents with shooting,

stabbing, tearing pains in her uterus. She has also suffered since her teens from incredibly painful menstrual periods, being bedridden with pain for up to 10-15 days per month, and from genital herpes. Vaginal warts were burned off when she was sixteen. She is prone to “splitting headaches” and to dry, scaly, itchy skin. She has had many vaccinations, to which she has reacted badly.

She is very thin and nervous, shaking and pacing about like a caged animal. Her history is extremely fraught: at home, she had to protect her mother and sisters from her father, a drunk who would go out of control and become physically and sexually violent. She took on a care-taker role for everyone, even those who raped and beat her, such as her drunken boyfriend.

Her boyfriend was later murdered. She was publically accused of his murder and described herself as having being “treated like an animal, torn to pieces” by the police and the tabloids. She, meanwhile, lived in terror, knowing that the true murderer was still at large.

Her eight-year-old son was taken from her and put into care. She dreamt of rape, knives, violence, and of being a Jew in a concentration camp. “I always imagine the worst thing happening.” The destruction at every level, all through her ancestry as well as in her current complaints and the many deaths around her, led to an initial prescription of *Syphilinum* 10M.

Within two weeks, she was able to spend time on her own without breaking down. She stopped feeling so “outside herself”, a feeling which is typical for situations needing a deep remedy such as *Syphilinum*. “I’m usually desperate to be nice, so that people won’t hurt me, not anymore.”

Lyn spent three months on *Syphilinum*, in ascending LM potencies from LM1 to LM3, at which point she reported: “Now, I know there is a future; before that, all I could imagine was a horrible, painful death.”

When working with a patient through cancer, I will book in frequent follow-up appointments, up to twice a week, as needed. At every session, I ask “what do you need now?” The journey is rarely a straightforward one, old or new issues arise and these need to be addressed as they come up; changing remedies, potencies, and therapeutic interventions as appropriate, to be truly homeopathic to the case.

For these three months, I saw Lyn weekly, and she spoke at length of the pain she had suffered. At the end of this time, Lyn was “seething with indignation” at what had taken place in her life. Her next remedy, *Staphysagria* 10M, followed by 50M, then CM, took her further into her journey.

During her treatment, she was also prone to regular bouts of influenza-type symptoms. *Nux Vomica* 6X and *Sulphur* 6X, in alternating doses, were given for these. She experienced the bouts as “cleansings” of all the alcohol and “junk” food she had used to numb her feelings; the remedies functioned as a detox.

She gradually began to experience her grief in a really intense way, breaking down into tears and sobbing hysterically, out of control. At this point, *Ignatia* 10M was prescribed. It helped her dramatically but only lasted a few hours. It was re-prescribed as a liquid

dose, succeeded, and then taken as required (as frequently as five times daily at the start, settling at single doses weekly).

Two months on *Ignatia* 10M brought her to a place of power, where she felt strong enough to ask for help. She started building a support network for herself; got in touch with good friends she had left behind and got rid of others she considered “toxic”. She became much more involved with the homeopathic consultations; became more assertive, telling me what she needed, and when she needed to see me.

Six months into the treatment, Lyn’s painful menstrual periods had improved but still troubled her. Ascending potencies of *Folliculinum* from LM1 – LM4 brought these into balance, “for the first time in my life”. During this time, she explored finding a direction for her life, talked about “having a purpose” and “finding herself”.

Lyn was seen by her gynaecologist after nine months of treatment. To his amazement, her cervix appeared healthy, no sign of malignancy.

I saw her a number of times over the next three years. She enrolled in a college course, started a new relationship (her first “healthy” relationship), found a satisfying job, and “reclaimed” herself. She used *Tabernanthe iboga* from LM1 up to LM6 in this time; received an intercurrent dose of *Syphilinum* 50M, when she “lost her bearings” after some deep family abuse memories surfaced; had ascending potencies of intercurrent *Carcinosinum* (200, 1M, 10M) over six months, when guilt and self-recrimination about her child clouded her recovery. (I have found *Carcinosinum*, in one of its many forms, to be almost always needed at some stage in the cancer journey). During this time, Lyn became physically symptom-free, found peace in herself, and talked a lot about “death and rebirth”, “renewal”, “true life purpose”, “connection with family and ancestors”.

SUMMARY

Journeying together with my patients through cancer and beyond is both challenging in the extreme and rewarding beyond measure. Supporting patients to find deep resources of healing they never knew they had is true inspiration. I hope that my sharing here will provide some insight and tools for the journey.



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You can find more about his approach in this fascinating interview:

www.hpathy.com/homeopathy-interviews/declan-hammond